

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

35415

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. ....

Township.....

Primary Registration District No. **1003**

Registered No. **10166**

City **St. Louis** (No. **1003**)

Primary Registration District **St. Mary's Inf.**

St. .... Ward)

**2. FULL NAME**

**Henry Sidney Livett**

(a) Residence. No. **2129 E. Franklin** Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Lewis Livett**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan. 29-1886**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**42 8 26**

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **Laborer**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Desoto Mo.**  
(STATE OR COUNTRY)

10. NAME OF FATHER **W. Livett**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Desoto Mo.**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Mary Coleman**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Old Mo.**  
(STATE OR COUNTRY)

14. INFORMANT **Lewis Livett**  
(Address) **2129 E. Franklin**

15. DATE **21 1928**  
FILED **may 6 Starks**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct. 24 1928**

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at **9:15 a. m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Coronary Sclerosis**  
**91B**

CONTRIBUTORY (SECONDARY) **W.M.A.**  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **91B**  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **yes** DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS? **yes**  
(Signed) **J.W. Remer M.D.**  
**10/26/28** (Address) **Dep. Coron**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Desoto Mo** DATE OF BURIAL **Oct 27 1928**

20. UNDERTAKER **Barnhart**  
ADDRESS **Desoto Mo**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

12